

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000004154 (9)

1. Corporation Name

CONCAP CORP.



Principal Place of Business

550 BCH. RD.
320 JOHNS ISLAND
VERO BEACH FL 32963
US

Mailing Address

550 BEACH RD.
320 JOHNS ISLAND
VERO BEACH FL 32963
US

3. Date Incorporated or Qualified

01/13/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number

65-0385858

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CALDWELL, WILLIAM W
756 BEACHLAND BLVD
VERO BEACH FL 32963

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
CARUSONE, REGINA
STREET ADDRESS 92 OLD WASHINGTON
CITY-ST-ZIP RIDGEFIELD CT 06877

TITLE ☐ DELETE

NAME D
CONROY, WILLIAM J
STREET ADDRESS 55 HIGHLAND RD
CITY-ST-ZIP SOUTH KENT CT 06875

TITLE ☐ DELETE

NAME D
CONROY, JOHN L
STREET ADDRESS 30 ROGUES RIDGE
CITY-ST-ZIP WESTON CT 06883

TITLE ☐ DELETE

NAME D
CONROY, KEVIN P
STREET ADDRESS 6 MCKINLEY
CITY-ST-ZIP ROWAYTON CT 06853

TITLE ☐ DELETE

NAME D
CONROY, CHRISTOPHER
STREET ADDRESS 3 FOSTER LN
CITY-ST-ZIP ROWAYTON CT 06853

TITLE ☐ DELETE

NAME D
CONROY, BRIAN I
STREET ADDRESS 550 BEACH RD #320
CITY-ST-ZIP VERO BEACH FL 32963

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐

Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐

Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐

Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐

Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐

Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐

Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

600001806226

05/03/96-01019-005

***200.00

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Brian I Conroy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sect.

4/10/96

Date

Daytime Phone #

CR2E034 (12/95)